## ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE 34129OF 193526 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) ActBlue Full Name (Last, First, Middle Initial) LISA GNAS Date of Receipt Mailing Address 444 CHESTER #404 05 2015 City State Zip Code Transaction ID: SA11AI\_25263793 48009 **BIRMINGHAM** MI Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Earmark Name of Employer Occupation RESIDENTIAL HOME CARE **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Earmarked for DEMOCRATIC CONGRESSIONAL 4000.00 CAMPAIGN COMMITTEE (C00000935) Other (specify) Full Name (Last, First, Middle Initial) B. LISA GNAS Date of Receipt Mailing Address 444 CHESTER #404 02 16 2015 City State Zip Code Transaction ID: SA11AI\_25417512 **BIRMINGHAM** MI 48009 Amount of Each Receipt this Period FEC ID number of contributing 2.50 federal political committee. Contribution to Act Blue Name of Employer Occupation RESIDENTIAL HOME CARE **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Contribution to ActBlue 10.00 Other (specify) Full Name (Last, First, Middle Initial) c. LISA GNAS Date of Receipt Mailing Address 444 CHESTER #404 M M / 02 16 2015 City State Zip Code Transaction ID: SA11AI\_25417511 MI **BIRMINGHAM** 48009 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Earmark Name of Employer Occupation **PHYSICIAN** RESIDENTIAL HOME CARE Receipt For: Aggregate Year-to-Date ▼ Primary General Earmarked for DEMOCRATIC SENATORIAL 100.00 Other (specify) CAMPAIGN COMMITTEE (C00042366)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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